



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7609

SERIAL NUMBER 10/621,867	FILING DATE 07/17/2003 RULE	CLASS 514	GROUP ART UNIT 1633	ATTORNEY DOCKET NO. A35306-A 069906.0161
-----------------------------	---------------------------------------	--------------	------------------------	---

APPLICANTS

Lloyd G. Mitchell, Bethesda, MD;

Madaiah Puttaraju, Germantown, MD;
 Guenter Dallinger, Linz, AUSTRIA; Alfred Klausegger, Salzburg, AUSTRIA;
 Johann Bauer, Salzburg, AUSTRIA;

** CONTINUING DATA *****
 This application is a CIP of 10/198,447 07/17/2002 ABN *RMK*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY MD	SHEETS DRAWING 27	TOTAL CLAIMS 59	INDEPENDENT CLAIMS 17
--	---	---------------------------	-------------------------	-----------------------	-----------------------------

ADDRESS
 38485
 ARENT FOX PLLC
 1675 BROADWAY
 NEW YORK, NY
 10019

TITLE
 Spliceosome mediated RNA trans-splicing for correction of skin disorders

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

RECEIVED 1645	No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> 1.18 Fees (Issue)					
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Credit					